



**APPLICATION FOR SURVIVOR BENEFITS
INDIANA JUDGES' RETIREMENT SYSTEM**

State Form 7095 (R / 8-08)

INDIANA JUDGES' RETIREMENT SYSTEM
143 West Market Street
Indianapolis, Indiana 46204-2899
Toll Free: 1-888-526-1687

* This agency is requesting disclosure of Social Security Numbers in accordance with IRS Code 3405; disclosure is mandatory and this form will not be processed without it.

- INSTRUCTIONS:**
1. Please submit a copy of both the deceased member's and the surviving spouse's birth certificate. Documents showing the date of birth may be a photocopy of a birth certificate, a baptismal or confirmation certificate, or a court decree. Attach an English translation to any foreign document.
 2. Please submit a copy of the member's death certificate.
 3. Please submit a copy of the marriage license.
 4. Please have this application notarized.
 5. All of the above items must be provided; this application will not be processed without them.

DECEASED MEMBER INFORMATION

Name of deceased member (first, middle, last) - Please provide full name; do not use initials.		Social Security Number *
Address at time of death (number and street, city, state, and ZIP code)		
Date of birth (month, day, year)	Date of death (month, day, year)	

SURVIVING SPOUSE INFORMATION

Name of surviving spouse (first, middle, last) - Please provide full name; do not use initials.		Social Security Number *
Permanent mailing address (number and street, city, state, and ZIP code)		
Telephone number ()	Date of birth (month, day, year)	Date of marriage to deceased member (month, day, year)
Signature of surviving spouse		Date (month, day, year)

CERTIFICATION OF NOTARY PUBLIC

STATE OF _____

SS:

COUNTY OF _____

The above information was subscribed and sworn to me this _____ day of _____, 20_____.

Signature of notary public	Printed name of notary public
County of residence	Date commission expires (month, day, year)